

**PRE-APPLICATION  
For SEG WORK-STUDY  
(For Screening Purposes ONLY)**

Last name: \_\_\_\_\_

Semester \_\_\_\_\_

First Name: \_\_\_\_\_

Date applied: \_\_\_\_\_

Email: (print clearly) \_\_\_\_\_

Gender: \_\_\_\_\_

Living on Campus: \_\_\_\_\_

Class rank (check one)

Proram/Major: \_\_\_\_\_

Fresh	<input type="checkbox"/>
Soph	<input type="checkbox"/>
3rd Year	<input type="checkbox"/>
4th Year	<input type="checkbox"/>

Credits enrolled: \_\_\_\_\_

Have you been approved for work-study before? Yes \_\_\_\_\_ No \_\_\_\_\_

**IMPORTANT: ?**

Have you received COVID vaccination? Yes \_\_\_\_\_ No \_\_\_\_\_

Why are you interested in work-study?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

**INSTRUCTIONS**

BEFORE SUBMITTING PLEASE TAKE THIS TO YOUR CAMPUS NURSE TO CERTIFY THAT YOU HAVE NO CHRONIC AILMENT AND HAVE BEEN VACCINATED OR PROVIDED YOUR VACCINATION CARD TO THE NURSE:

**NURSE SIGNATURE/COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For National campus submit to financial aid or email this form to: [yeetingt@comfsm.fm](mailto:yeetingt@comfsm.fm)

For CTEC submit to Rensleen or email this form to: [rensleen@comfsm.fm](mailto:rensleen@comfsm.fm)

For Chuuk campus submit to Memorina or email this form to: [myesiki@comfsm.fm](mailto:myesiki@comfsm.fm)

For Kosrae campus submit to Eileen or email this form to: [eileens@comfsm.fm](mailto:eileens@comfsm.fm)

For Yap campus submit to Monalisa or email this form to: [mlayan@comfsm.edu.fm](mailto:mlayan@comfsm.edu.fm)

For FMI submit this form to Mr. Rufus Yaisolug

**\*\*\*\*\*CHECK YOUR EMAIL FOR THE STATUS OF YOUR SUBMISSION\*\*\*\*\***